



NEW HAMPSHIRE  
DEPARTMENT OF

# Environmental Services

NH 5938463290

## NOTIFICATION FORM

1. ☒ First Notification  
Provisional Identification Number (if applicable) \_\_\_\_\_

2. \_\_\_\_\_ Subsequent Notification

A. EPA Identification Number \_\_\_\_\_

B. Reason for change (e.g. name change, change in ownership, new waste streams, change in regulatory status): \_\_\_\_\_

C. Effective date of change: \_\_\_\_\_

3. Company Name: Pride Footwear

4. Location Address: 30 Centre Rd  
Street

Somersworth NH Strafford 03878  
Town County Zip

5. Mailing Address: Same  
Street

Town

State

Zip

6. Company's Principal Activity (brief description): \_\_\_\_\_

MANUFACTURE of Footwear

7. SIC Code(s) 3021 Q

8. Name of Principal Contact: Richard Hussey

title: Pres phone: 692-5447

9. Name of legal company owner: Same

street address

city

state

zip

phone

10. Name of property owner: City of Somersworth

157 MAIN ST Somersworth NH 03878  
street address city state zip

692-4262  
phone

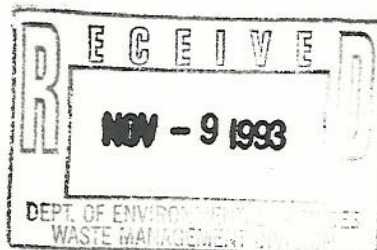
NAME: Pride Footwear

I.D. NO.: NH 5946495290

FILE LOC: R-1A

OTHER: \_\_\_\_\_

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11. Type of ownership (see instructions for appropriate code): TP

12. Type of property ownership (see instructions for appropriate code): M

13. Type of regulated waste activity (enter X in all applicable spaces):

A. X GENERATOR

(1) Generator Status:

- ☒ Small Quantity Generator (generation rate is less than 100 kgs/220 lbs per month)  
☐ Full Quantity Generator of 100 to 1000 kg (220 lbs - 2200 lbs) per month  
☐ Full Quantity Generator of greater than 1000 kg (2200 lbs) per month or greater than 1 kg (2.2 lbs) per month of an acutely hazardous waste  
☐ Non RCRA or New Hampshire regulated only

(2) Description of hazardous wastes generated:

Waste Name	EPA/State Waste Number	Estimated Monthly Volume
Acetone Sludge	NH 11	20 Lbs
Solvent Adhesive	F005 F003	10 Lbs
Edge lacquer	F005 F003	20 Lbs

B. \_\_\_\_\_ TRANSPORTER

(1) Transportation Method:

☐ highway ☐ air ☐ rail ☐ water ☐ other \_\_\_\_\_  
specify

(2) List of Hazardous Wastes Transported:

Waste Name	Waste Number	Waste Name	Waste Number

C. \_\_\_\_\_ TREATMENT/STORAGE/DISPOSAL (TSD) FACILITY

(1) Type of Facility Activity

	Waste generated on-site:	Waste received off-site:
Storage	_____	_____
Treatment	_____	_____
Disposal	_____	_____
Other	_____	_____



(2) Wastes Handled

Waste Description

EPA/State Waste Number

(3) Handling Methods

D.        TRANSFER FACILITY

E.        MARKETER OR BURNER OF HAZARDOUS WASTE FUEL FOR ENERGY RECOVERY

       Fuel is burned on site (indicate type of combustion device)  
utility boiler        industrial boiler        industrial furnace         
       Fuel is marketed to another company for burning  
       Fuel is marketed to another marketer

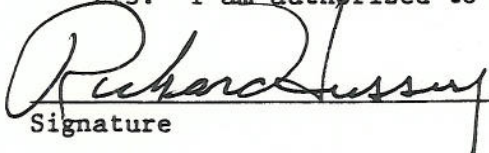
F.        MARKETER OR BURNER OF OFF-SPECIFICATION USED OIL FUEL

       Fuel is burned on site (Indicate type of combustion device)  
utility boiler        industrial boiler        industrial  
furnace        space heater        (less than 0.5 million btu/hr)  
       Fuel is marketed to another company(s) for burning  
       Fuel is marketed to another marketer

G.        MARKETER OR BURNER OF SPECIFICATION USED OIL FUEL ONLY

       Fuel is burned on site (indicate type of combustion device)  
utility boiler        industrial boiler        industrial  
furnace        space heater        (less than 0.5 million btu/hr)  
       Fuel is marketed to another company(s) for burning  
       Fuel is marketed to another marketer

14. CERTIFICATION: I hereby certify that the information provided herein is complete and accurate to the best of my knowledge. I understand that all information contained in this notification form can be disclosed to the public, according to the Freedom of Information Act, unless a claim of confidentiality is made in accordance with Env-Wm 213. I am authorized to sign official documents for my organization.

  
Signature

Richard Hussey  
printed or typed name and title

11/5/93  
date